

# **Mental Health Services Act Prevention and Early Intervention Accountability/Evaluation**

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**PEI Accountability/Evaluation  
Advisory Workgroup  
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# Logic Model

- The logic model contains four logically connected elements
  - The PEI planning process relies on the goals, community needs, priority populations, and values/guiding principles which have been articulated and approved by the Government Partners
  - There are six categories of strategies for identified priority populations (each with four elements) and three general strategies
    - Each of the six priority population strategies will have at least four essential elements
      - Prevention
      - Early intervention
      - Referral and care management
      - System/organizational structure and enhancements
  - The implemented strategies result in the short-term in
    - Positive changes for individuals and families who receive PEI services
    - Changes in the mental health and other systems as articulated in the plan
  - Over time the implemented strategies lead to changes in longer-term community issues
- The goals and values/guiding principles serve both to guide the development of strategies and as outcomes (of change) to be evaluated

## PLANNING

### Planning Process

- Community needs
- Priority populations
- Strategies

### Values and Guiding Principles

- Transformational strategies and actions
- Leveraging resources
- Stigma and discrimination reduction
- Recognition of early signs
- Integrated and coordinated systems
- Outcomes and effectiveness
- Optimal point of investment
- User-friendly plans
- Non-traditional settings

## IMPLEMENTATION (STRATEGIES)

### Strategies for Priority Populations

- Reducing the severity of first onset of serious psychiatric illness
- Intervening with children/youth in stressed families
- Reducing psychosocial impact of trauma
- Intervening with children/youth at risk of school failure
- Intervening with children and youth at risk of juvenile justice involvement
- Behavioral health intervention in primary care settings

### Four Elements

- Prevention
- Early intervention
- Referral & care management
- System/organizational structure & enhancement

### General Strategies

- Suicide prevention
- Stigma and discrimination reduction

## SHORT-TERM OUTCOMES

### Person –Level

- Reduced risk factors
- Improved resilience and protective factors
- Improved mental health status
- Improved emotional health
- Improved knowledge of impact of social and emotional factors

### System–Level

- More community organizations providing identification and early intervention (short-term MH services)
- Enhanced quantity and quality of co-operative relationships with other organizations and systems
- More prevention services provided in non traditional settings
- Enhanced mental health promotion environment in partner organizations
- Enhanced use of ethnic/cultural community partners
- Enhanced suicide prevention efforts
- Reduced stigma
- Reduced discrimination

## LONG-TERM IMPACT

### Community Impact Level

- Reduced incidence of mental disorders
- Reduced levels of 7 negative outcomes
- Reduced stigma
- Increased awareness of importance of social and emotional factors to general health

## Some Issues

- Tension between advocacy and strict accountability: How do we ensure continued support for MHSA while maintaining credibility of evaluation efforts?
  - Vast majority of stakeholders want evaluation to yield positive results which will support continuation of MHSA funding
  - At same time, many feel that money itself won't be effective if there are not genuine changes in the system
  - Many strongly advise that social marketing expertise be included in evaluation from start to finish particularly to provide context for any negative results
- Multiple audiences for the evaluation: How do we gather information which can answer their questions about the MHSA?
  - The “public” is clearly important, but this encompasses many levels of interest and influence, .e.g. general folks, elected officials, and tax advocates. Do we need to know more specifically what they expect?
  - Other critical stakeholders who must have useful information
    - Individuals and family members
    - Program administrators and staff



## Some Issues (cont)

- Balance between state and local evaluations
  - This framework deals only with what the state will either do and/or require of the counties
  - It is expected that some counties will develop their own evaluation systems and methods in response to local needs and capacities
  - The state may periodically request information from counties about these local evaluations
  - Depending on county interest, the state may assist in developing collaborations or sharing of evaluation methodologies and measurement strategies across counties

## **Vision for What the PEI Accountability System Should Accomplish**

- *Demonstrate accountability to the public, i.e. show that the funds have been*
  - Used for the purposes specified in the Act
  - Used efficiently and effectively including obtaining desired outcomes
- *Document progress towards meeting overall aims of PEI, i.e. measure the extent to which PEI successfully*
  - Moves the entire mental health system more towards PEI
  - Addresses the needs of ethnic/cultural communities
  - Enhances a recovery/resilience orientation and individual/family involvement
  - Utilizes more non-traditional community partners
  - Reduces stigma and discrimination
  - Increases awareness of suicide and how to prevent it
  - Reduces ethnic disparities

## Vision for What the PEI Accountability System Should Accomplish (cont)

- *Inform both policy and practice about the PEI component of MHSA, i.e. serve an ongoing quality improvement function*
- *Create a co-operative learning environment among stakeholders, i.e. the system should engage stakeholders and provide opportunities for mutual sharing and learning and allow for failures with quick remediation*
- *Advance the state of the art in mental health PEI, i.e. results from the system should be of high significance and credibility and add to the field's knowledge of evidence based and promising practices*
- *Be credible, i.e. be perceived as objective, valid, and fair and not unduly influenced by any of the major stakeholders*
- *Be timely, i.e produce results quickly so that success can be publicized and improvements made*
- *Be sustainable, i.e. continue beyond the first few years of MHSA*



# **Accountability System Principles and Requirements**

- **PEI accountability system must be able to “tell a story” about the impact of PEI effort and tell stories about impacts on individual persons and families.**
- **PEI accountability system should be developed in collaboration with and be understandable and meaningful to all stakeholders.**
- **Information generated should be useful to local programs providing the information.**
- **There should be adequate resources (funding and staff) to implement the PEI accountability system.**
- **There must be protection of any individually sensitive information.**
- **Evaluation questions, methods, and measurements should reflect and be sensitive to ethnic/cultural issues and concerns.**
- **There should be a balance between requirements for statewide accountability and the desire for county flexibility.**
- **Existing data sources and data collection systems should be used wherever possible in order to minimize duplication.**

# **Accountability System Principles and Requirements (cont)**

- **Development of the PEI accountability system should be evolutionary:**
  - The overall design should be laid out at the beginning
  - Initial implementation should be targeted towards efforts with most likely payoff
  - Evaluation components that don't work should be changed
  - The system will have to be integrated with the accountability system(s) for the other MHSA components and other mental health evaluation and quality improvement functions such as SQIC
- **All data must be presented within an appropriate context so that results are meaningful.**
- **Parts of the evaluation should be conducted by external evaluation contractors, particularly where**
  - There is a particular concern about objectivity
  - Internal resources and/or expertise is lacking

# **PEI Evaluation Questions**

- **Individual Person/Family Level (outcomes for specific persons/families who receive services)**
  - (1) **Do persons/families who receive P-EI services show improved mental health status/resilience and/or reduced risk for emotional and behavioral disturbances, problems, or disorders?**
  - (2) **Do persons/families who receive appropriate EI services show fewer negative consequences from emotional and behavioral disturbances, problems, or disorders?**
- **Program/System Level (mental health and other systems at both state and county levels)**
  - (3) **How is P-EI money being spent?**
    - **Who is receiving services?**
    - **What problems/needs are being addressed?**
    - **What strategies are being used?**
    - **Is it being spent according to all the rules and requirements?**
  - (4) **Which strategies show promise and/or evidence of being effective and efficacious?**

## **PEI Evaluation Questions (cont)**

### **■ Program/System Level (cont)**

- (5) What impacts are there from P-EI on the mental health system and other organizations/agencies/systems?**
  - What happens to referrals to mental health in terms of numbers, ethnicity, appropriateness**
  - Are more persons identified and/or served in partner organizations?**
- (6) Are there barriers to effective P-EI strategies which can be removed by local or state policy changes?**
- (7) Are P-EI strategies directed towards engaging and serving ethnic/cultural communities designed and implemented appropriately?**
- (8) How effective are the state-level initiatives in achieving their objectives?**

## **PEI Evaluation Questions (cont)**

- **Community/Impact Level (Long-term Goals)**
  - (9) Does the incidence of mental illness decrease?
  - (10) Do the serious negative impacts from severe mental illness decrease (homelessness, suicide, school failure, prolonged suffering, incarceration, out-of-home placement, unemployment)?
  - (11) Is there less stigma and discrimination towards persons with mental illness?
  - (12) Has awareness of suicide and how to prevent it increased?



## **Accountability System: Six Components**

1. Fiscal Accountability and Documentation of Services
2. Program and System Implementation
3. Status of Community Partnerships
4. Evaluation of Specific County-based Strategies
5. Evaluation of State Level Initiatives
6. Statewide Tracking of Long-term Community Impact Indicators

## Component 1: Fiscal Accountability and Documentation of Services

- Two elements
  - Fiscal: Ensure basic compliance with funding requirements
  - Programmatic: Describe how the money has been spent
- Element 1: Fiscal accountability: Compliance with rules
  - Has money been used for allowable purposes?
  - Has money been used as budgeted?
  - Have all other fiscal requirements been met?

## **Component 1: Fiscal Accountability and Documentation of Services**

- **Element (2): Documentation of services: Description of how money has been spent**
  - Counties collect information in a consistent format which allows for accumulation into statewide totals
    - Data collected and reported in a summary fashion
    - Formats provided by state
    - Decisions on specific categories of data to be determined through close co-ordination of stakeholders with particular attention to counties
  - Data collected at the level of strategy
    - Number served
    - Where possible and appropriate, characteristics of people served, e.g. age, ethnicity/culture, type of problem or risk factor
    - Type of service, e.g. screening, TA, support group, education, consultation
    - Type of partner, e.g. school, probation department, primary care clinic, senior center, faith-based organization, family resource centers
    - Dollars

## Component 2: Program and System Implementation

### ■ Purposes

- Obtain more in-depth understanding of how PEI strategies are working in practice
- Gather information to inform quality improvement for both state and county activities
- Tell an understandable story about actual ways in which money is being spent

# **Component 2: Program and System Implementation**

- **Method: On-site program reviews**
  - **Broad team including staff from other counties, OAC, state staff, consumers, family members, non-traditional partners, representatives of diverse ethnic/cultural communities**
  - **Efforts made to consolidate this with other county review processes**
  - **Kinds of information to be sought**
    - **How the strategies have been implemented compared to what was in the plan**
    - **What the major challenges have been**
    - **Identification of promising practices**
    - **What impacts there have been on the rest of the mental health system and other organizations**
    - **Levels and quality of collaborations with partners**
    - **What stakeholders think about the PEI planning and implementation process**
    - **What state and/or local policies and/or procedures create barriers to PEI**



## **Component 3: Status of Community Partnerships**

- **Purpose:** Determine extent, nature, quality, and impact of partnerships which have been formed
- **Examples of possible partners:** schools, juvenile justice system, primary care clinics, community-based organizations which have not traditionally provided mental health services
- **Possible Methods:**
  - Surveys through a statewide sampling possibly using statewide associations to collaborate on and field the surveys
  - Interviews during county on-site program reviews with partners
- **Kinds of information sought**
  - Understanding of and capacity to address mental health needs in their population
  - Knowledge of and attitudes toward mental health services within their community including any special ethnic/cultural issues
  - Relationships with mental health system including involvement, if any, with MHSA particularly PEI

## **Component 4: Evaluations of Specific County-Level Strategies**

- **Purpose:** to identify best or promising strategies that can then be widely disseminated
- **Kinds of information to be collected**
  - Was the strategy implemented as specified? If not, why not?
  - What challenges were faced in the implementation of the strategy and how were they addressed?
  - What contextual factors help explain why the strategy was or was not effective?
  - Did the strategy accomplish its objectives in terms of outcomes for individual persons?
  - Did the strategy accomplish its objectives in terms of relationships with other organizations?
  - Were any goals set by individuals met?
  - How did persons receiving services and persons providing services feel about the strategy?

## **Component 4: Evaluations of Specific County-Level Strategies**

- **Methodological expectations**
  - Specific outcomes will be postulated and measured including outcomes for specific individuals
  - Specific outcomes will include strengths-based variables as well as avoidance of negative events
  - Evaluation methodology will be “relatively” rigorous
  - Adequate resources will be devoted to the effort to ensure good data collection and analysis
  - Strategies that are selected for evaluation will be well specified and implemented according to those specifications
  - Evaluations will contain enough process information to ensure appropriate context is provided to help explain the results
  - Evaluations will include adequate oversight to ensure ethnic/cultural appropriateness and relevance

## **Component 4: Evaluations of Specific County-level Strategies**

- **Three variations**
  - All counties required to evaluate at least one strategy
  - Statewide evaluation of a strategy which is implemented in multiple counties
  - Competition for funds for more rigorous evaluation of strategies implemented in single counties
- **All counties required to evaluate at least one strategy: How it might work**
  - State (with wide collaboration) provides general guidelines for what evaluation should contain including expected level of rigor
  - County notes in its plan which strategy it will evaluate
  - County conducts evaluation and reports findings to state according to State's general guidelines for reporting

## **Component 4: Evaluations of Specific County-level Strategies**

- **Statewide evaluation of a strategy across counties: How it might work**
  - Strategies to be studied defined by DMH (in collaboration with OAC, CMHDA, CMHPC) and others (individuals, families, providers)
  - Counties apply and/or are selected to participate and provide access to individual participant and program data
  - State provides training on strategy (as appropriate)
  - State conducts the evaluation with training and support to counties as needed
- **Competition for funds for more rigorous evaluation of a strategy in a single county: How it might work**
  - Counties apply for special funds for rigorous evaluation of a strategy; strategies would have to be in alignment with statewide priorities
  - State provides a share of the funding but county conducts the evaluation



## **Component 5: Evaluation of State Initiatives**

- **Purpose: To assess effectiveness of the specific initiatives undertaken at the state level**
- **Process**
  - Work plan for each initiative will be developed by DMH and expenditures approved by OAC
  - Each work plan will include an evaluation design specific to that initiative
  - Evaluations will likely be performed by outside contractor(s)

## **Component 6: Statewide Tracking of Long-Term Indicators**

### **■ Purpose:**

- To keep “eye on the ball” (Overall reduction in homelessness, incarceration, out-of-home placement, prolonged suffering, unemployment, suicide, school failure)
- To create a context for the data, which can highlight the broader political and economic issues that impact outcomes, e.g. the roles of poverty and violence on homelessness and incarceration rates
- To focus on and encourage policy activity on these broader issues – possibly commission special policy papers

### **■ Method:**

- Use secondary data sources or additions to existing data collection activities
- Utilize methodologies and data sources with national scope where possible to allow for across state comparisons
- Incorporate knowledge and utilize experts from other fields in addition to mental health
- Obtain context from individuals and family members as well as representatives of diverse ethnic/cultural communities